

**Request for Information from Bureau of Veterans Affairs
and Client's Authorization**

| | | |
|-----------------|-------------|------|
| Name of Veteran | C or XC No. | Date |
|-----------------|-------------|------|

Bureau of Veterans Affairs Regional Office

RETURN TO:

I hereby grant permission for the Bureau of Veterans Affairs to disclose the information requested below to the Health and Human Services Commission. I understand that this information may have a bearing on my eligibility for assistance.

Signature—Veteran

Date

Please furnish the following information on benefits received by:

| | | |
|---------|----------------------|---|
| Name | Payee (if different) | Claimant Institutionalized? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address | | |

Comments: (up to 4 lines)

Signature—HHSC Staff

Telephone No. (include A/C)

TO BE COMPLETED BY BUREAU OF VETERANS AFFAIRS (please return to address indicated above)

| EFFECTIVE DATE | GROSS AMOUNT | PENSION | | DIC | | COMPENSATION | INSURANCE |
|-------------------|-----------------|---------|---------------|---------|-------------------|--------------|-----------|
| | | Old Law | Improved Plan | Parents | Widows & Children | | |
| | | | | | | | |

Will improved pension payments for this claimant be capped at \$90? ☐ Yes ☐ No

If yes, in what month and year will claimant receive the first \$90 check?

Month

Year (4 digits)

Has the check been augmented to include the needs of a dependent? ☐ Yes ☐ No

If yes, give the amount by which the claimant's check has been augmented for dependent(s): \$

Is full payment being received? ☐ Yes ☐ NoIf no, why? ☐ Recoupment of Overpayment ☐ Suspension of Benefits ☐ Other:Does the check include an adjustment for out-of-pocket medical expenses? ☐ Yes ☐ No

If yes, amount of adjustment: \$

Does the check include aid and attendance or housebound benefits? ☐ Yes ☐ No

If yes, amount of aid and attendance:\$; amount of housebound benefits: \$

Telephone No. (include A/C)

Signature—BVA Official

Date